

## APPENDIX 2

### HEALTHCHECK OUTREACH/CASE MANAGEMENT NEED DETERMINATION

**Purpose:**

The targeted list the provider agency receives prioritizes eligible Medical Assistance recipients who may be in need of outreach and case management. Some recipients may in fact have received a screening or other health care since this list was generated. Therefore, it is critical that the provider determine if the recipient has received health care. Begin with the first prioritized listed recipient. To determine if the recipient is in need of case management, ask the following questions:

1. When was the date the recipient was last screened, or had an extensive physical exam?
  - a. If the recipient is under age 2, and was not screened within the past six months, then the recipient is in need of case management.
  - b. If the recipient is at least 2 years of age but under 5 years of age, and not screened within the past twelve months, then the recipient is in need of case management.
  - c. If the recipient is at least age 5 but under age 21, and not screened within the past 24 months, then the recipient is in need of case management, or if the recipient is pregnant and is not currently receiving prenatal care.
2. Does the recipient have a primary health care provider from whom regular health care is obtained?
  - a. If yes, the provider should attempt to link the recipient with the physician for a HealthCheck screening. If this is not possible, or the recipient requests screening services from the outreach and case management provider, then screen the recipient. In either screening situation, case management should be provided.
  - b. If no, recipient does not have a primary physician, you may screen and case manage the recipient. The recipient should be linked with a medical assistance certified physician for future care. Screening results should be shared with the physician. If the recipient is age 3 or older, referral should be made to a dentist for examination and ongoing care. The recipient's physician should also know the dentist's name for future screening referral.
3. Conduct inventory needs assessment of the recipient and family as guided by the case management plan.

**NOTE:** The HealthCheck screening schedule is outlined by the Periodicity Schedule as listed in Appendix 5 of the HealthCheck Screening Services Provider Handbook, Part D, Division I.

Case management claims for reimbursement must document that a screening did occur. This is done via a screening claim or a physician screening provider referral/modifier code on the outreach and case management claim form.

Outreach and case management may also be provided to eligible recipients who are not on a targeted list, but are eligible for Medical Assistance and "in-need" of a screening based on questions 1 and 2 above. The provider may also claim case management reimbursement if screening services are provided to this recipient. Refer to Section II-C of this handbook for information on non-targeted outreach.